STATE OF CALIFORNIA

MULTIFAMILY HOUSING PROGRAM

ACQUISITION/REHABILITATION NOFA 1999

HCD 846 (New 09/2000)

		R	REQUEST FOR FUNDS NUMBER	
1. BORROWER		,		
2. PAYEE				
3. ADDRESS (Street)		(City) (State)	(Zip Code)	
4. CONTRACT NUMBER		5. PROJECT		
6. \$	AMOUNT PER THIS REQUEST	TOTAL AMOUNT PREVIOUSLY APPROVED	\$ BALANCE	
7. USE OF FUNDS REQUESTED		AMOUNT		
A. PERMANENT FINANCING		\$		
B. ACQUISITION COSTS		\$		
C. CONSTRUCTION COSTS		\$		
D. DEVELOPMENT COSTS		\$		
E. CARRYING CHARGES		\$		
F. OTHER:		\$		
8. DRAW CHECK IN TOTAL AMOUNT OF:		\$		
CERTIFICATION: I/We, the undersigned, do hereby certify that (1) the funds requested above will be used only in accordance with the above-numbered State Standard Agreement and the Development Agreement entered into pursuant to this Standard Agreement, and only for eligible costs, as specified in the MHP Acquisition/Rehabilitation NOFA 1999; and (2) the Borrower and the project are in full compliance with the Standard Agreement, the Development Agreement, and all other agreements by and between the Borrower and the Department of Housing and Community Development entered into pursuant to the Standard Agreement.				
BORROWER'S SIGNATURE			DATE SIGNED	
TYPED NAME AND TITLE TYPED NAME AND TITLE				
DO NOT WRITE BELOW THIS LINE				
The work performed for which this request for disbursement is presented is in accordance with all provisions of Contract Number				
between and the Department of Housing and Community Development, and is hereby approved for payment.				
PROGRAM MANAGER'S SIGNATURE			DATE SIGNED	